

Form to correspond with the script

Introduction, results, and demographics	
Name:	Alternate name(s):
Mature minor: <input type="checkbox"/> Consent to complete interview <input type="checkbox"/> Consent for parent/guardian to complete interview	
Who is providing this information?	Relationship to case:
DOB:	PHN:
Phone:	
Parent/guardian (if applicable):	Primary care provider:
Email address:	
Who to do ADM? <input type="checkbox"/> CHN to do ADM <input type="checkbox"/> Virtual clinic <input type="checkbox"/> Family physician	
<input type="checkbox"/> Case received their results <input type="checkbox"/> Confirm case diagnosis	
<input type="checkbox"/> There are other members in household who have tested positive and are waiting for first phone call	
Home address (include community):	
Planned isolation location:	
Are you staying somewhere different than home address?	
<input type="checkbox"/> Family/friends <input type="checkbox"/> Hotel <input type="checkbox"/> Hospital <input type="checkbox"/> Other (specify): _____	
Address (include community):	
Symptoms	
Symptoms of COVID-19: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date symptoms started:
Acquisition period (14 days prior to symptom onset or test date): _____	
Infectious period (2 days prior to symptom onset or test date, including 10 days after):	
Health status	
Moderately immunocompromised: <input type="checkbox"/> Yes (20 day isolation period)	
Severely immunocompromised: <input type="checkbox"/> Yes (32 day isolation period) <input type="checkbox"/> No (10 day isolation period) <input type="checkbox"/> Not sure	
<input type="checkbox"/> Pregnant Weeks gestation:	
Sources of exposure	
Client informed of exposure to COVID-19? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete all the questions about exposure currently listed.	
Who notified you of exposure?	
<input type="checkbox"/> Person who tested positive: _____ (Name) <input type="checkbox"/> Public health <input type="checkbox"/> Health center	
<input type="checkbox"/> Facility/organization: _____ (Name) <input type="checkbox"/> Other: _____	
Date of notification:	Date of exposure:
	Date of first contact:
	Date of last contact:
	OR Ongoing contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Where did exposure occur?	
<input type="checkbox"/> Household	<input type="checkbox"/> First Nations community
<input type="checkbox"/> Other congregate housing facility	<input type="checkbox"/> School
<input type="checkbox"/> Industrial site	<input type="checkbox"/> Courthouse
<input type="checkbox"/> Health care facility	<input type="checkbox"/> Childcare setting
<input type="checkbox"/> Industry work camp	<input type="checkbox"/> Workplace
<input type="checkbox"/> Don't know	<input type="checkbox"/> Other
Name of location where exposure occurred:	
Address:	
Community:	



Sources of exposure (continued)

Client's ideas on where they may have gotten COVID-19?(all relevant details e.g. facility, address, community, dates, times, and/or other details)

Factors to consider

Factors that may have contributed to a transmission risk: _____

Is there a risk for the case to continue to expose any settings during their infectious period (unable to self-isolate)

Yes No

Transmission settings

Health care worker Community: _____
 Dates/times worked: _____
 Role: _____ Name/address of facility: _____
 Vaccination 1 date: _____ and Vaccination 2 date: _____
 Supervisor: _____ Consent to contact
 PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing
 Contacts (name): _____

First Responder Community: _____
 Dates worked: _____ Name of facility: _____
 Address: _____ Community: _____
 Role: _____ Dates and times at facility: _____
 Supervisor: _____ Consent to contact
 PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing
 Contacts (name): _____

Health care facility (hospital/inpatient) Community: _____
 Dates/times: _____ Ward/Unit/Dept: _____
 Role: _____ Name/address of facility: _____
 PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing
 Contacts (name): _____

Clinic/office (outpatient) Community: _____
 Dates/times: _____
 Role: _____ Name/address of facility: _____
 PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing
 Contacts (name): _____

Services in the home (home care/support) Community: _____
 Contacts (name): _____
 Dates/times: _____ Name of service: _____
 Role of provider: _____ Name of provider: _____
 PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing
 Contacts (name): _____

Transmission settings (continued)

Congregate housing/residential setting Community: _____

Long-term care facility Residential care facility
 Assisted or independent living facility Seniors residence Group home
 Correctional facility Residential treatment facility Transition house Shelter
 Couch surfing Living on the street

Dates/times: _____

Role: _____ Name/address of facility: _____

PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing

Contacts (name): _____

Other Settings Community: _____

Childcare setting School Post secondary education facility Courthouse

Dates/times: _____

Role: _____ Name/address of facility: _____

PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing

Contacts (name): _____

Industry worksite Community: _____

More than one site? Dates: _____

Name(s): _____ Location(s): _____

What do you do? _____

If employed, employer name: _____

If self employed, business name: _____

Supervisor: _____ Consent to contact

PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing

Contacts (name): _____

Industry work camp Community: _____

Name of camp: _____

Location: _____

Who operates camp: _____ Attached to single project

COVID-19 coordinators/medical service provider name: _____

Phone number: _____ Date of arrival: _____

Form of Travel: _____ Date of departure: _____

Supervisor: _____ Consent to contact

PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing

Contacts (name): _____

Other work or volunteer role Community: _____

Name/address of facility: _____

Role: _____ Date/times: _____

Supervisor: _____ Consent to contact

PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing

Contacts (name): _____

Transmission settings (continued)

Activities with 5 or more people that live outside of household Community: _____

Description of event: _____

Description of location: _____

Community: _____ Dates/times: _____

PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing

Contacts (name): _____

Crowded or busy locations not already discussed Community: _____

Description of location: _____

Address/Community: _____

Dates/times: _____ Additional Details: _____

PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing

Contacts (name): _____

Travel outside of community

Internationally (country) _____ In Canada (province): _____

In BC (community/ies): _____

Date returned home: _____

By plane: Departure date/time: _____ Flight numbers: _____

Departure airport: _____ Seat: _____

Arrival date and time: _____ Arrival airport: _____

By bus or train:

Bus line/railway company: _____

Location of origin/departure: _____ Departure date/time: _____

Location of destination/arrival: _____ Arrival date/time: _____

Available details about route and stops: _____

Cruise/river cruise:

Cruise company/ship: _____

Port of embarkation: _____ Date of embarkation: _____

Port of disembarkation: _____ Date of disembarkation: _____

Part of a travel tour group:

Tour company/organization: _____

Contact information of tour organization: _____

Date of tour: _____ Location of tour: _____

PPE measures used in setting: 2 meters distance physical barriers PPE used handwashing

Contacts (name): _____

Contact tracing

Name	Phone number
Exposure location	Last date of exposure (or ongoing contact):
DOB	Home/community
Additional information	

Name	Phone number
Exposure location	Last date of exposure (or ongoing contact):
DOB	Home/community
Additional information	

Transmission settings (continued)

Contact tracing

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Exposure location	Last date of exposure (or ongoing contact):
DOB	Home/community
Additional information	
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Additional information	

Isolation supports:

Other people live or stay in household: Yes No
 Able to self-isolate and remain separate from other members of household until end of isolation date? Yes No
 Able to stay in household until end of isolation period? Yes No
 Have you notified anyone that you have spent time with of your COVID-19 diagnosis? Yes No
 If yes, and not close contacts, advise Case to call those individuals and let them know they do not need to isolate and just monitor for symptoms.

Substance Use:

Need support to access substances or prescription medications to prevent withdrawal? Yes No
 Need access to safe supply or treatment while isolating Yes No

Prescriptions:

Are you able to fill any medication prescriptions through your primary care provider or by requesting an emergency supply during the isolation period? Yes No Specify: _____

Provide isolation instructions

First Nations community/Indigenous persons

Live or stay in First Nations community?
 Name: _____
 Identify as an Indigenous person? Yes No If yes: First Nations Métis Inuit
 Registered with a First Nations band (name): _____
 Consent to share personal information with FNHA for purpose of additional supports
 Consent to share personal information with MNBC for purpose of additional supports

Completed by (name and position): _____ Date: _____